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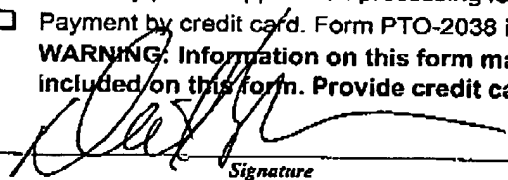
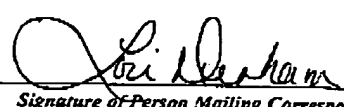
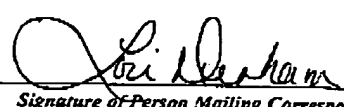
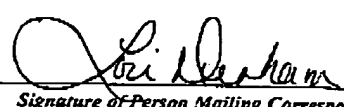
To: Examiner Paul Chin, Art Unit 3652
 Of: U.S. Patent and Trademark Office
 From: Rosenbaum & Associates, P.C.
 Client/Matter: 6045-006
 Date: Monday, February 28, 2005

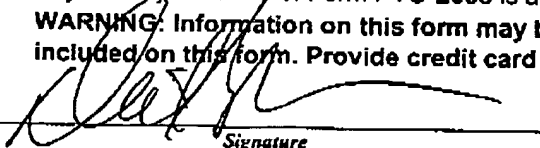
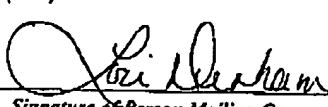
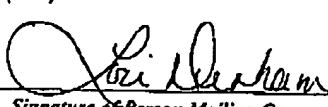
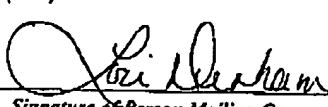
DOCUMENTS	NUMBER OF PAGES*
Transmittal document	1
Amendment Transmittal (1 page in duplicate)	2
Amendment	7
Petition for One Month Extension of Time (1 page in duplicate)	2
Change of Address for Attorney of Record	1
TOTAL	13

COMMENTS: In Re: U.S. Serial No. 10/719,076
 Applicant: David Roberts
 Attorney Docket No. 6045-006

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 TELEPHONE (847) 770-6000 • FACSIMILE (847) 770-6006

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 6045-006									
Applicant(s): David Roberts													
Application No. 10/719,076	Filing Date 11/21/03	Examiner Paul T. Chin	Customer No. 29,335	Group Art Unit 3652	Confirmation No. 2234								
Invention: AN IMPROVED CULINARY TOOL FOR TRANSPORTING FOOD OBJECTS													
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is an amendment in the above-identified application.													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	12 -	20 =	0	x \$25.00	\$0.00								
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 18-2000 in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2000 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 Signature			Dated: February 28, 2005 <i>Certificate of Facsimile</i>										
David G. Rosenbaum (Reg. No. 31,872) ROSENBAUM & ASSOCIATES, P.C. 650 Dundee Road Suite #380 Northbrook, IL 60062 Tel. (847) 770-6000 Fax (847) 770-6006			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on February 28, 2005 to Ek Chin @ (703) 872-9364</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Lori Dunham Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on February 28, 2005 to Ek Chin @ (703) 872-9364		(Date)		 Signature of Person Mailing Correspondence		Lori Dunham Typed or Printed Name of Person Mailing Correspondence	
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CC:													

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TOTAL CLAIMS	12 -	20 =	0	x \$25.00	\$0.00					
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00					
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cc:										